

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>004811</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>03/24/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CENTRAL INDIANA AMG SPECIALTY HOSPITAL LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2401 W UNIVERSITY AVE 8TH FL MUNCIE, IN 47303</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>The survey was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN00168760 Substantiated: No deficiency related to allegations are cited. A deficiency unrelated to the allegations is cited.</p> <p>Date: 3-23/24-15</p> <p>Facility Number: 004811</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA Review: JLee 04-01-15</p>	S 000		
S 930	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-1.5-6 (b)(3)</p> <p>(b) The nursing service shall have the following:</p> <p>(3) A registered nurse shall supervise and evaluate the care planned for and provided to each patient.</p> <p>This RULE is not met as evidenced by: Based upon document review and interview, the nurse executive failed to ensure that the policy/procedures for nursing assessment, medical record documentation, and occurrence reporting were followed and a registered nurse evaluated the nursing care of a patient for 1 of 11 medical records (patient 27) reviewed.</p> <p>Findings:</p>	S 930		4/16/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 930	<p>Continued From page 1</p> <p>1. The policy/procedure The Medical Record (approved 9-12) indicated the following: "The main purpose of the medical record is to accurately and adequately document ...events affecting the patient during the current episode of care."</p> <p>2. The policy/procedure Assessment and Reassessment (approved 8-12) indicated the following: "Patients are assessed continuously throughout their hospital stay ...the charge nurse, RN, and/or LPN/LVN must document evaluations in an ongoing fashion (as they occur and /or after they occur)."</p> <p>3. The medical record for patient 27 failed to indicate nursing assessment documentation on 12-10-14 for the period from 0700 hours to 1900 hours.</p> <p>4. Administrative documentation dated 12-10-14 indicated that nursing staff N19 was assigned to provide care for patient 27.</p> <p>5. During an interview on 3-24-15 at 0940 hours, the chief nursing officer A2 and director of quality A3 confirmed the medical record for patient 27 lacked nursing assessment documentation on 12-10-14 between 0700 hours and 1900 hours.</p> <p>6. The policy/procedure occurrence/Event Reporting (approved 8-12) indicated the following: "An occurrence or incident is any event which is not consistent with the routine care of a patient or any circumstances that threaten the physical safety and well-being of patients ...any hospital employee or medical staff member who discovers the occurrence/event or is first on the scene has an obligation to begin the Occurrence Report process and complete it in a timely manner ...an</p>	S 930			

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S 930	<p>Continued From page 2</p> <p>occurrence/event report will be completed by the person discovering the event before leaving their assigned shift."</p> <p>7. The physical therapy progress note dated 12-09-14 for patient 27 indicated the registered nurse postponed /cancelled the morning therapy session because of unexplained blood loss from a peripherally-inserted central catheter. Physician orders dated 12-09-14 at 0900 hours indicated priority laboratory testing associated with the blood loss with orders to call the results to the physician.</p> <p>8. On 3-24-14 at 0900 hours, the director of quality A3 was requested to provide documentation of an occurrence report associated with the 12-09-14 medical record entries for patient 27 and none was provided prior to exit.</p> <p>9. During an interview on 3-24-15 at 0940 hours, the director of quality A3 confirmed that no occurrence report associated with the 12-09-14 medical record entries for patient 27 was available.</p>	S 930			